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Facsimile Cover Sheet

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DATE: June 3, 2006

TO: United States Patent and Trademark Office

FAX NUMBER: (571)273-8300

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 31

SUBJECT: Patent Application No. 10/764,069
Attorney Docket No. SJO920030084US1

The following documents are included in this facsimile transmission:

- 1) Facsimile cover sheet
- 2) Transmittal form
- 3) Petition for extension of time
- 4) Credit card payment form
- 5) Amendment (27 pages)

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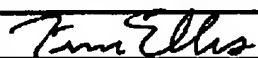
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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/764,059	
	Filing Date	1/23/2004	
	First Named Inventor	Barton	
	Art Unit	2188	
	Examiner Name	Patel, Hetul	
Total Number of Pages in This Submission	31	Attorney Docket Number	SJO920030084US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet Credit Card Payment Form
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Timothy Ellis, Patent Attorney	
Signature		
Printed name	Timothy N. Ellis	
Date	June 3, 2006	Reg. No. 41,734

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